



## Participant Information Form (2016)

Salina Parks & Recreation  
Therapeutic Recreation Program  
P.O. BOX 736  
Salina, KS 67402-0736  
(785) 309-5765  
(785) 819-2321 (T.R. Cell)

**\*\*THIS FORM MUST BE COMPLETED ANNUALLY AND ON FILE AT THE PARKS & RECREATION OFFICE BEFORE A PARTICIPANT MAY ENROLL IN ANY ACTIVITIES.\*\***

### PARTICIPANT INFORMATION

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_

Address \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Whom would you prefer we contact for minor issues? \_\_\_\_\_  
Name Phone #

Whom would prefer we contact for emergencies? \_\_\_\_\_  
Name Phone #

### AGENCY INFORMATION

Agency/Workshop \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Case Manager/Supervisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of P.A. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### MEDICAL INFORMATION

Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Medicaid Card# \_\_\_\_\_

Medicare Card # \_\_\_\_\_

**Communication:** Check all that apply

☐ Good                      ☐ Limited Conversation                      ☐ Sign Language  
☐ Shy                      ☐ Dominates Conversation                      ☐ Inappropriate Topics

**Is participant subject to seizures?**   ☐ Y    ☐ N

(If yes, please describe) \_\_\_\_\_

**Does participant have**   ☐ Special Dietary Needs?        ☐ Food Allergies

(If yes, please describe) \_\_\_\_\_

**Does participant wear**   ☐ hearing aid                      ☐ corrective eyewear        ☐ briefs

**Does participant use any of the following?** ☐ wheelchair    ☐ walker        ☐ cane

☐ orthopedic/prosthetic device        ☐ sign language/communication board

Comments: \_\_\_\_\_

**Does participant require assistance with:**

☐ eating/drinking    ☐ toileting    ☐ anticipating safety needs                      ☐ reminders  
☐ dressing/undressing                      ☐ Orientating to people, places, time    ☐ Other

Comments: \_\_\_\_\_

**Does participant display any fears?**    ☐ Y    ☐ N

(If yes, please describe) \_\_\_\_\_

**Does participant:**        ☐ comply with verbal requests/directions?  
                                 ☐ respond to specific behavioral techniques?  
                                 ☐ require a personal attendant?

Please list any information that you feel is important for us to know to provide a more enjoyable experience:

---

---

---

**Have you been convicted of a felony or misdemeanor (non-traffic related) in the last 5 years?**

A conviction will not necessarily bar you from participation. Factors such as date, nature, and number of offenses, age at the time of offense, and rehabilitation will be considered on a case by case basis by the Special Populations Supervisor.

If yes, please explain:

---

---

---

**Photo Permission:** I understand that photographs of myself may be used in newspapers, publications, on the T.R. Face Book page, slide presentations, or displays designed to promote the Therapeutic Recreation Program.

**Authorization for Emergency Medical Treatment:** I authorize Salina Parks & Recreation to arrange for emergency medical treatment in the event of an injury to myself when designated emergency contacts cannot be reached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date